

**CERTIFICATION FOR LISTING ON CALIFORNIA DIRECTORY
(Rev. & Tax. Code § 30165.1)**JUS-TOB1 (3/04)
Page 1 of 12☐ Initial☐ Supplemental

Sales Year: _____

PLEASE TYPE OR PRINT IN PERMANENT BLUE INK

PART I: GENERAL BUSINESS AND OWNERSHIP INFORMATION**1. Applicant Tobacco Product Manufacturer Identification**

Applicant: _____

Street Address: _____

Mailing Address (if different from above): _____

Phone Number: _____ Facsimile (FAX) Number: _____

E-Mail Address: _____

Website Address: _____

Name/Title of Person Completing Certification: _____

Manufacturing Plant(s) Name and Street Address (if different from above): _____

Manufacturing Plant Phone Number: _____

Manufacturing Plant Facsimile (FAX) Number: _____

Name/Title/Phone Number of Person at Plant if different from above: _____

(Attach additional sheet(s), as necessary, to provide a complete response.)

Please attach a photograph or diagram of your manufacturing facility and indicate on the photograph or diagram where the equipment and facilities for manufacturing (ie., fabricating) the Cigarettes, if any, are located.

**2. The undersigned certifies that as of the date of this Certification, the above-named applicant is:
(initial one)**_____ a Participating Manufacturer ("PM"). **(If applicant is a PM, it may skip the remainder of Part I and go directly to Part II.)**

_____ a Nonparticipating Tobacco Product Manufacturer ("NPM") in full compliance with California's Reserve Fund Statute (Health & Safety Code, §§ 104555-104557) and implementing regulations, including having made all required deposits into a Qualified Escrow Fund for all years beginning with year 2000 sales.

3. Applicant is the manufacturer (i.e., fabricator) of the brands listed in this Certification which are intended to be sold in the United States, including Cigarettes intended to be sold in the United States through an importer.

Yes _____ No _____

4. **Applicant is the first purchaser anywhere for resale in the United States of Cigarettes manufactured anywhere that the manufacturer does not intend to be sold in the United States.**

Yes _____ No _____

If the answer is "Yes," identify each Cigarette manufacturer (ie, fabricator), its plant street address, mailing address, contact person, telephone and facsimile phone numbers, and the relationship to applicant. Identify the location of the transfer of ownership of Cigarettes and a copy of every agreement or contract between applicant and fabricator. Attach additional sheet(s), as necessary, to provide a complete response.

5. **Applicant is a successor of an entity described in questions 3 or 4 above (i.e., manufacturer or first importer).**

Yes _____ No _____

6. **If applicant answered "no" to questions 3, 4, and 5 above, explain the basis for applicant's claim that it is a Tobacco Product Manufacturer as defined under section 104556(i) of the Health & Safety Code and submit all documentation to support applicant's contention. Attach additional sheet(s), as necessary, to provide a complete response.**

7. **Licenses/Permits:**

a. **Board of Equalization (BOE) License Number** as a manufacturer or importer: _____ Please list any additional licenses obtained from the BOE and their numbers: _____. **Attach copies of all current and valid licenses from the BOE.**

b. **U.S. Treasury, Tobacco Tax Bureau (TTB) Permit Number** as a manufacturer: _____ and/or as an importer: _____. **Attach a copy of applicant's current permit as a manufacturer or importer pursuant to 26 USC Chapter 52, and regulations issued thereunder.**

CERTIFICATION FOR LISTING ON CALIFORNIA DIRECTORY**(Rev. & Tax Code § 30165.1)**

JUS-TOB1

Page 3 of 12

PART II: BRAND FAMILY IDENTIFICATION**1. Brand Family Identification**

(PMs complete column A; NPMs complete columns A through C.)

A. Brand Family (Indicate with an asterisk (*) those brands that will not be sold in 2004)	B. Units Sold in Preceding Calendar Year	C. Manufacturer of Brands Listed (Include complete address information)

Attach additional sheet(s), as necessary, to provide a complete response. **Attach samples of the actual packaging and labeling for each brand of Cigarettes that applicant intends to sell in California. Also submit, on cd or dvd, a color photograph in Adobe Acrobat 6.0 (.pdf) software, of the packaging and labeling.**

12. Trademark Holder(s)

(If applicant is a PM, it may skip Question 2 and go directly to **DECLARATION, ACKNOWLEDGMENT AND SIGNATURE, page 12.**) Provide the name, address, and phone number of the trademark holder(s) of each brand listed above.

Brand	Trademark Holder and Contact Person	Physical Address	Phone

Attach additional sheet(s), as necessary, to provide a complete response.

PART III: ADDITIONAL BUSINESS INFORMATION**1. Organizational Documents to Be Attached (See Instructions for list of documents required by this question)**

CERTIFICATION FOR LISTING ON CALIFORNIA DIRECTORY**(Rev. & Tax Code § 30165.1)**

JUS-TOB1

Page 4 of 12

2. Company Officers & Owners

Complete the table by listing all company officers and company owners (all Persons with an equity interest of 10% or more in applicant company.) Attach additional sheet(s), as needed, to provide a complete response.

1. CHECK APPROPRIATE TITLE	<input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Other _____	<input type="checkbox"/> Vice Pres. <input type="checkbox"/> Partner <input type="checkbox"/> Other _____	<input type="checkbox"/> Secretary <input type="checkbox"/> Partner <input type="checkbox"/> Other _____	<input type="checkbox"/> Treasurer <input type="checkbox"/> Partner <input type="checkbox"/> Other _____
2. Full Name (first, middle, last)				
3. Street Address				
4. Telephone #/ Facsimile #				
5. Date and place of birth				
6. E-mail address				

3. Affiliates (see Instructions for further information)

Attach additional sheet(s), as necessary, to provide a complete response.

Brand Family	Affiliate: Name	Type of Business	Affiliate: Street Address

4. Applicant Information

Please indicate whether the following statements describe applicant by marking either yes or no after the statement:

- | | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| a. | Applicant sold Cigarettes in California in the preceding calendar year: | Yes | No |
| b. | Applicant made escrow deposits pursuant to California's Reserve Fund Statute (Health & Saf. Code, §§ 104555-104557) in the preceding calendar year. | Yes | No |
| c. | Applicant sold in the preceding calendar year one or more of the Brand Families listed in this Certification. | Yes | No |
| d. | Applicant made escrow deposits in the preceding calendar year pursuant to California's Reserve Fund Statute for one or more of the Brand Families listed in this Certification. | Yes | No |
| e. | There has been a change in manufacturer (i.e., fabricator) of one or more of the Brand Families listed in this Certification within the past two calendar years. | Yes | No |
| f. | Applicant advertises or sells Cigarettes via the internet or in catalogs and uses the mail or other delivery service to deliver Cigarettes to California consumers. | Yes | No |

CERTIFICATION FOR LISTING ON CALIFORNIA DIRECTORY**(Rev. & Tax Code § 30165.1)**

JUS-TOB1

Page 5 of 12

- g. Applicant failed to timely comply with the Reserve Fund Statute prior to the establishment of the Directory, or at any time thereafter. **Yes No**
- h. Applicant or one of its Brand Families listed in this Certification was previously denied listing on the Directory or was removed from the Directory. **Yes No**
- i. Applicant is enjoined or banned from selling any Cigarettes by court order, state or federal agency ruling or determination. **Yes No**
- j. A Brand Family formerly sold by applicant or a Brand Family that applicant intends to sell is enjoined from sale by a state court, state agency or a federal court. **Yes No**
- k. A state or federal court has entered a judgment finding that applicant engaged in an unfair business practice or unfair competition relating to the sale of tobacco products. **Yes No**
- l. Applicant sold more than 1,600,000 Cigarettes in California during any quarter year after January 1, 2000. **Yes No**
- m. Applicant failed to timely file any completed form or document required by the Reserve Fund Statute or Revenue & Taxation Code §30165.1 and implementing regulations. **Yes No**

PART IV: MARKETING AND DISTRIBUTION INFORMATION**1. Tobacco Products Reclassified as Cigarette or RYO Tobacco**

List all tobacco products sold by applicant that have been reclassified within the last two years as Cigarettes or as roll-your-own (RYO) tobacco by a federal agency, state or local government.

Brand Name of Reclassified Tobacco Product	Name of federal, state or local governmental entity that reclassified the tobacco product as a cigarette or RYO tobacco	Government Entity's Street Address	Date of Reclassification

Attach additional sheet(s), as necessary, to provide a complete response.

2. Distributors, Wholesalers And Retailers

For each brand that applicant intends to sell, list the name and address of every California distributor, wholesaler, or retailer which purchased or handled ten percent or more of applicant's gross Cigarette sales for that brand in California in the last calendar year.

DISTRIBUTORS

Brand Family	Distributor	Street Address	Phone Number

Attach additional sheet(s), as necessary, to provide a complete response.

WHOLESALEERS

Brand Family	Wholesaler	Street Address	Phone Number

Attach additional sheet(s), as necessary, to provide a complete response.

RETAILERS

Brand Family	Retailer	Street Address	Phone Number

Attach additional sheet(s), as necessary, to provide a complete response.

3. Agreements with Participating Manufacturers (See Instructions)

Brand Family	Participating Manufacturer	Address	Phone Number

Nature of Agreement(s): _____

Attach additional sheet(s), as necessary, to provide a complete response. Attach a copy of any written contract and/or agreement.

4. Agreements Regarding Compliance with the MSA (See Instructions)

Brand Family	Name	Address

Attach additional sheet(s), as necessary, to provide a complete response. Attach a copy of any written contract and/or agreement.

5. Agreements Regarding Compliance with the Reserve Fund Statute (See Instructions)

Brand	Name	Address

Attach additional sheet(s), as necessary, to provide a complete response. Attach a copy of any written contract and/or agreement.

PART V. MANUFACTURING AND COMPLIANCE INFORMATION

1. Manufacturer(s)

For each Brand Family, list the name and address of the manufacturer (i.e., fabricator) of the Cigarettes, if other than applicant. Include all company names and addresses used by the manufacturer(s) in making Cigarettes for sale in the United States.

Brand	Manufacturer (ie., fabricator)	Street Address

Attach additional sheet(s), as necessary, to provide a complete response.

CERTIFICATION FOR LISTING ON CALIFORNIA DIRECTORY**(Rev. & Tax Code § 30165.1)**

JUS-TOB1

Page 8 of 12

2. Health Warning Rotation Plan

For each Brand Family, list the name and address of the entity which filed a Cigarette health warning rotation plan with the Federal Trade Commission before the Cigarettes were distributed into the United States.

Brand	Filer	Street Address

For each brand, attach the Federal Trade Commission's written approval of applicant's annual Cigarette Health Warning rotation plan. Attach additional sheet(s), as necessary, to provide a complete response.

3. Ingredient Reporting

For each Brand Family, list the name and address of the entity which submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act.

Brand	Submitter	Street Address

Attach copies of all certificates of compliance received from the U.S. Health and Human Services for applicant's annual ingredient reporting required by the Federal Cigarette Labeling and Advertising Act. (15 U.S.C. § 1335a). Attach additional sheet(s), as necessary, to provide a complete response.

4. Cigarette Packaging

For each Brand Family, list the name and address of the person, company, or entity that placed the Cigarettes into packages with the U.S. Surgeon General's warnings.

Brand	Packager	Street Address

Attach additional sheet(s), as necessary, to provide a complete response.

5. Internet or Mail Order Sales (See Instructions)

a. Websites: _____

b. Physical Address: _____

c. Total Sales in California for the Previous Year: _____

____ Attach additional sheet(s), as necessary, to provide a complete response. **(Attach copies of the Jenkins Act reports filed with the California Board of Equalization, as specified in the Instructions.)**

CERTIFICATION FOR LISTING ON CALIFORNIA DIRECTORY**(Rev. & Tax Code § 30165.1)**

PART VI: DISCLOSURE OF ENFORCEMENT ACTIONS AND PRIOR DETERMINATIONS AFFECTING SALES TO DISTRIBUTORS**1. Enforcement Actions Banning or Enjoining Sales**

Has applicant or any Person or Affiliate listed in applicant's responses to Part II, question 2 and Part III, questions 2, 3, and 4 had any of its Cigarettes banned or enjoined from sale by any state or federal court or administrative agency within the U.S. jurisdiction? For every such action banning or enjoining sales, list:

- (a) the Brand Family (ies) banned and/or enjoined;
- (b) the governmental entity (federal, state, local or foreign) or private plaintiff bringing the action;
- (c) the case number;
- (d) the name and address of the government attorney or official or private plaintiff bringing the action.

☐ Yes, the details of each occurrence are attached to this Certification. ☐ Not Applicable

2. Denials, Suspensions, Revocations of Permits or Licenses

Has applicant or any Person or Affiliate listed in applicant's responses to Part II, question 2 and Part III, questions 2, 3, and 4 been denied a permit, license, or been denied any other authorization to engage in any business relating to the sale of Cigarettes by any government entity (federal, state, local or foreign) or had such permit, license or other authorization revoked, suspended, or otherwise terminated? For every such denial, suspension or revocation of a permit, license or other authorization, list:

- (a) the name of the applicant or other Person or Affiliate that had such permit, license or other authorization revoked, suspended or otherwise terminated;
- (b) the governmental entity (federal, state, local or foreign) that denied, suspended, or revoked such permit, license, or other authorization;
- (c) the case number, if any;
- (d) the name and address of the government attorney or official or private plaintiff bringing the action.

☐ Yes, the details of each occurrence are attached to this Certification. ☐ Not Applicable

3. Convictions

Has applicant or any Person or Affiliate listed in applicant's responses to Part II, question 2 and Part III, questions 2, 3, and 4 been convicted of any crime under federal, state or foreign laws in connection with the sale of Cigarettes? For every such conviction, list:

- (a) the name of the applicant or other Person or Affiliate convicted;
- (b) the governmental entity (federal, state, local or foreign) that prosecuted applicant or other Person or Affiliate;
- (c) the case number;
- (d) the name and address of the government attorney or official that prosecuted applicant or other Person or Affiliate

☐ Yes, the details of each occurrence are attached to this Certification. ☐ Not Applicable

4. Denial of Listing

Has applicant or any Person or Affiliate listed in applicant's responses to Part II, question 2 and Part III, questions 2, 3, and 4 been denied listing on any state directory, which is similar to the subject of this Certification? For every such denial, list:

- (a) the name of the applicant or other Person or Affiliate denied listing on a state directory;
- (b) the Tobacco Product Manufacturer and/or Brand Family(ies) denied listing; and
- (c) the state which denied listing.

☐ Yes, the details of each occurrence are attached to this Certification. ☐ Not Applicable

CERTIFICATION FOR LISTING ON CALIFORNIA DIRECTORY**(Rev. & Tax Code § 30165.1)**

JUS-TOB1

Page 10 of 12

5. Reserve Fund Statute Compliance

Has any Person listed in applicant's responses to Part II, question 2 and Part III, questions 2, 3, and 4, been involved as an officer or owner of any other tobacco company or Affiliate which has not made its escrow deposits as a Nonparticipating Manufacturer under a state reserve fund statute? For every such occurrence, list:

- (a) the name of the applicant or other Person or Affiliate which has not satisfied its NPM reserve fund obligations;
- (b) the Brand Families for which there was a failure to comply; and
- (c) the amounts of any escrow deposits that are still owed.

☐ Yes, the details of each occurrence are attached to this Certification. ☐ Not Applicable

PART VII: IMPORTED CIGARETTES - DOCUMENTATION & VERIFICATION**1. U.S. Customs Documents**

If the Cigarettes applicant sells or intends to sell are not made in the United States, **provide the documents listed in a-c:**

- a. A copy of the sworn statement of the original manufacturer that it will timely submit ingredients to the Secretary of Health and Human Services as required by 19 USC 1681a(c)(1).
- b. A copy of the importer's certificate under penalty of perjury as required by 19 USC 1681a(c)(2) regarding the precise format of warnings and the rotation plan for health warnings.
- c. A copy of the trademark holder's certificate under penalty of perjury that it has not withdrawn consent to import into the United States as required by 19 USC 1681a(c)(3)(A) **OR** a copy of the importer's certificate under penalty of perjury that the trademark owner has not withdrawn consent to import into the United States as required by 19 USC 1681a(c)(3)(B).

PART VIII: NPM APPLICANT CERTIFICATION**1. AGENT FOR SERVICE OF PROCESS**

- a. Is applicant domiciled in the State of California? ☐ Yes ☐ No
- b. Is applicant a non-resident or foreign NPM that has registered to do business in California as a foreign corporation or business entity? ☐ Yes ☐ No
- c. If applicant answered "no" to questions "a" and "b" above, applicant must appoint a resident agent for service of process by submitting a completed **NOTICE OF APPOINTMENT OF REGISTERED AGENT AND REGISTERED AGENT'S STATEMENT** (JUS-TOB2).

2. QUALIFIED ESCROW FUND-FINANCIAL INSTITUTION

Applicant certifies that of the date of this Certification, applicant:

- a. Has established and continues to maintain a Qualified Escrow Fund. ☐ Yes ☐ No
- b. Has executed a Qualified Escrow Agreement that has been reviewed and approved by the Attorney General for the State of California and that governs that Qualified Escrow Fund for the State of California. ☐ Yes ☐ No

(Note: The NPM must certify satisfaction of both of the above-referenced requirements regarding the Qualified Escrow Fund to be eligible for the Directory.) California's Escrow Agreement is available on the Attorney General's website at <http://caag.state.ca.us/>

CERTIFICATION FOR LISTING ON CALIFORNIA DIRECTORY**(Rev. & Tax Code § 30165.1)**

JUS-TOB1

Page 11 of 12

3. QUALIFIED ESCROW FUND DEPOSIT/WITHDRAWAL HISTORY FOR CALIFORNIA

DATE	DEPOSIT	WITHDRAWAL	BALANCE

Attach additional sheet(s), as necessary, to provide a complete response.

**NOTE: This Certification will not be processed or
considered until all the required documents are submitted.**

DECLARATION, ACKNOWLEDGMENT AND SIGNATURE

Under penalty of criminal prosecution under the laws of California, I declare and acknowledge that:

1. I have read the Instructions for this Certification for Listing on California Directory.
2. I understand that the Attorney General may require additional information and/or documentation to determine if applicant is qualifies for listing on the California Directory.
3. Applicant will immediately notify the Tobacco Litigation and Enforcement Section in the Attorney General's Office (Office of the Attorney General for the State of California, Tobacco Litigation Enforcement Section, P.O. Box 944255, Sacramento, CA 94244-2550) if any information on this Certification changes, before the Attorney General approves the Certification.
4. California regulations require that this Certification be signed by a qualified company officer or other such individual authorized to bind the applicant company. My position with the company and my actual authority to certify on behalf of applicant meets the foregoing requirements.
5. I have examined this Certification, including attachments and supporting documents and, to the best of my knowledge and belief, this Certification, including attachments and supporting documents, is true, correct, and complete.

Name of Authorized Officer: _____
Title: _____
E-mail address: _____
Telephone: _____
Signature of Authorized Officer: _____ Date: _____

STATE OF _____)
COUNTY OF _____)
COUNTRY OF _____)

On _____, before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____
My Commission expires: _____

This Certification must be filed with the Attorney General's Office:

Mailing Address:

**Office of the Attorney General
for the State of California
Tobacco Litigation & Enforcement Section
P. O. Box 944255
Sacramento, CA 94244-2550**

Street Address:

**Office of the Attorney General
for the State of California
Tobacco Litigation & Enforcement Section
1300 I Street, Suite 125
Sacramento, CA 95814**

OR